

Summer Playgrounds Registration Form

(One form per child. Fill out form completely) 240-314-8620 • www.rockvillemd.gov/recreation • Fax: 240-314-8659

*Required Information

FAMILY INFORMATION: ☐ Resident ☐ non-resident

*Last Name First Name Date of Birth Work # M/F

(Main Contact)

(Second Contact)

*Home # Cell #1 Cell #2

Address Street City State Zip

New address? ☐ yes ☐ no

Email Emergency Contact & Phone # (Name Other than Parent) (Phone)

PARTICIPANT INFORMATION:

Last Name First Name Date of Birth M/F

Immunizations up-to-date? ☐ yes ☐ no

Special Needs Participant? Please contact our office at 240-314-8620 three weeks prior to start of program.

NAME OF PLAYGROUND: Course # Fee \$

Are you interested in **Playground Extras?**

Swimming: ☐ yes ☐ no Day Course # Fee \$

Tennis: ☐ yes ☐ no Day Course # Fee \$

Bowling: ☐ yes ☐ no Day Course # Fee \$

Adventure Park: ☐ yes ☐ no Day Course # Fee \$

*Extended Play: ☐ yes ☐ no Monday-Friday Course # 46643 Fee \$

(Only available at Elwood Smith Playground)

Sub Total: \$

☐ \$5 ☐ \$10 ☐ \$20 Contribution to Recreation Fund: Fee \$

TOTAL: \$

RELEASE, WAIVER, ASSUMPTION OF RISK AND CONSENT

Participation in the program may be a hazardous activity. Participant should not participate in the program unless participant is in good physical shape and is medically able. Participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program, the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the program and in further consideration of the arrangement made for the participant by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, the participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the City's use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program.

*Signature of Participant/Guardian

PAYMENT: Amount Paid \$ ☐ Cash ☐ Check #

☐  ☐  Name on Card: Exp. Date: / /

Signature on Card:

OFFICE USE ONLY: ☐ Check ☐ Cash

☐ Charge ☐ Other

Processed by: Date Processed: / /

Total Paid: \$